



SELECTION/REJECTION OF UNINSURED/UNDERINSURED MOTORISTS COVERAGE

IOWA

INSURED: \_\_\_\_\_

POLICY NO.: (IF APPLICABLE) \_\_\_\_\_

Iowa Code, Section 516A.1, provides that each motor vehicle liability policy issued or delivered in the state with respect to motor vehicles registered or principally garaged in the state must provide Uninsured and Underinsured Motorist Coverage. Uninsured Motorist Coverage offers protection to persons insured under this policy should they suffer bodily injury or death caused by an uninsured motor vehicle or hit and run motorist. Underinsured Motorist Coverage permits you to recover from us when you are legally entitled to collect from the owner or operator of a motor vehicle who has insufficient liability insurance to compensate you.

However, pursuant to the statute, the named insured has the right to reject Uninsured and/or Underinsured Motorist Coverages. Such rejection is binding upon all who are insured by the policy. The rejection applies to subsequent renewal policies, unless the named insured requests such coverage in writing.

The undersigned named insured (Mark "X" in appropriate boxes)

UNINSURED MOTORIST COVERAGE:

- checkbox hereby rejects Uninsured Motorist Coverage.
checkbox hereby agrees to purchase Uninsured Motorist Coverage at a combined single limit in the amount of \$\_\_\_\_\_ (Minimum: \$40,000; Maximum - Policy Limit)

UNDERINSURED MOTORIST COVERAGE:

- checkbox hereby rejects Underinsured Motorist Coverage.
checkbox hereby agrees to purchase Underinsured Motorist Coverage in the amount equal to the Uninsured Motorist Coverage selected on this policy.

NOTE: You may purchase Uninsured and Underinsured Motorist Coverages in an amount up to the liability limits of this policy. If you do not reject Uninsured and/or Underinsured Motorist Coverages, and do not select an amount of coverage in the blank spaces above, Uninsured and Underinsured Motorist Coverages will be provided in the minimum limits set out in the parentheses, above.

If the named insured is an individual, any rejection of this coverage requires the signature(s) of all named insureds.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Type, or Print Name of Applicant or Insured

\_\_\_\_\_  
Type, or Print Name of Applicant or Insured